

ONLINE CONTENT

“It’s what we’re here for:” Nurses caring for military personnel during the Persian Gulf Wars

Patricia Rushton, APRN, PhD, AOCN

Jared E. Scott, RN, MPA

Lynn Clark Callister, RN, PhD, FAAN

Military nursing service during wartime represents significant contributions to a unique type of health care. The purposes of this study were to: (1) generate themes that elucidate combat nursing experiences, (2) honor nurses who served by sharing their stories, and (3) permanently archive accounts of nursing personnel who served during the Persian Gulf Wars during the late 20th and early 21st centuries. Eleven military nurses who provided health care to American troops in the Persian Gulf participated in a historical study as part of the ongoing Nurses at War oral history project documenting the experiences of nurses during times of armed conflict. The overriding theme, “It’s what we’re here for,” demonstrates the commitment of nurses: a commitment to care and to sacrifice. Other themes drawn from the study included lessons learned from their wartime nursing experiences, sacrifices made, and chronicles of caring. During armed conflict in the Persian Gulf Wars, military nurses’ personal stories demonstrated the importance of being engaged in making meaningful professional and historical contributions. These nurses displayed professional commitment and hardiness in the face of difficult life circumstances, saying, “We did what we had to do.”

Personal accounts of military nurses serving during armed conflict, regardless of roles played, foster understanding of the experiences. This manuscript chronicles experiences of military nurses during the Persian Gulf combat periods in the late 20th and early 21st Centuries. Previously documented military nurses’ expe-

periences include: army flight nurse experience in World War II¹; Mennonite nurses in World War II²; cadet nurses in World War II³; combat nurses in Vietnam⁴; the history of the Army Nurse Corps⁵; shipboard nursing^{6,7}; navy nurses in Iraq^{8,9}; and surgical nurses in Operation Desert Storm.¹⁰ Nurses in combat situations deal with many challenges: inadequate facilities, poor access to water, limited supplies, cleaning and repairing equipment, long hours, sterilizing surgical instruments, and limited resources for appropriate hygiene. Nevertheless, nurses provide quality care and have been instrumental in constructing innovations in health care delivery during armed combat.

This article does not provide a historical account of the 20th and 21st Century wars in the Persian Gulf, nor is it meant as a political statement on the outcome or status of those wars. Nevertheless, a short summary of this time period merits review in order to place the findings of this study in context. The term “Gulf Wars” incorporates components known as “Operation Desert Shield/Storm” and “Operation Iraqi/Enduring Freedom.” In August 1990, Iraq invaded Kuwait. The US military provided assistance to the Kuwaiti government. Within 5 days, the US saw the beginning of Operation Desert Shield. A 35-nation coalition supported the liberation of Kuwait; the US carried the major burden of the effort. Reservists were mobilized to the Gulf for combat and to receive casualties. In February 1991, the ground war began. In August 1991, after what is sometimes referred to as the “100 hour war,” a cease fire was ordered. From among the 533, 608 troops who served in the Gulf Wars, 148 combat deaths were reported and another 145 soldiers/sailors died of non-combat related conditions during the 6-month period.¹¹ American communities have been affected by mobilization of members of the Armed Services to fight wars in the Middle East. On September 11, 2001, Islamic extremists hijacked 4 passenger airplanes in a coordinated, sophisticated attack against the US. In one assault, 2 jumbo jet aircraft crashed into the “twin towers” of the World Trade Center in New York City, taking the lives of nearly 3000 people. In March 2003, Operation Iraqi/Enduring Freedom began as

Patricia Rushton, APRN, PhD, AOCN is an Associate Professor at Brigham Young University College of Nursing, Provo, UT.

Jared E. Scott, RN, MPA, is a staff member at St. Luke’s Meridian Hospital emergency room, Boise, ID.

Lynn Clark Callister, RN, PhD, FAAN, is a Professor at Brigham Young University College of Nursing, Provo, UT.

Corresponding author: Dr. Lynn Clark Callister, Brigham Young University, Nursing, 136 SWKT, Provo, UT 84602.

E-mail: lynn_callister@byu.edu

Nurs Outlook 2008;56:179-186.

0029-6554/08/\$—see front matter

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doi:10.1016/j.outlook.2008.03.010

a US-led coalition to overthrow Iraqi dictator Saddam Hussein. This war continues today.

PURPOSE

In this current study, San Diego-area military nursing personnel agreed to be participants in a large historical research project entitled *Nurses at War*. The purpose of the ongoing project is to gather accounts of nurses who have served their country during wartime, on the battle front or in supportive roles. The objectives of the research include: (1) to permanently archive their accounts, (2) to generate themes that elucidate their nursing experiences, and (3) to honor nurses that have served by sharing their stories. This work reports an analysis of the accounts of military nursing personnel living and working in the San Diego area.

METHODS

Data Collection and Analysis

The Naval Medical Center San Diego is an active duty naval facility where nursing staff is routinely rotated to the Persian Gulf, offering the potential to recruit nurses who had recently served in the Gulf into the larger study. Accounts were sought from active duty and mobilized reserve nursing personnel from the San Diego area who served in the US military during the Gulf Wars period.

After obtaining institutional review board approval, a convenience sample of participants was recruited through fliers and snowball sampling. Following informed consent and completion of demographic data forms, study participants were interviewed by the first author or an active duty US Navy Nurse Corps officer serving at San Diego Naval Medical Center. Audio-taped interviews ranging from 1–3 hours were conducted as appropriate for oral history collection.^{12–15} Questions included, “Why did you decide on nursing as a career?” and “Why did you decide to join the military?” Participants were encouraged to chronicle their nursing and military careers, including times when mobilized to the Persian Gulf.

Transcribed interviews of personal narratives were sent to study participants who verified content and made corrections or additions.^{16,17} Revised transcripts were read, significant statements were extracted and meaning was formulated from the statements, and organized into clusters of themes by individual members of the research team. The team collaboratively generated definitive themes from the rich narrative data describing the experiences of nurses during war time, with some themes collapsed and others amplified. Trustworthiness of the data was established by collecting data over time, sending memos, discussing preliminary findings with qualitative nurse researchers with inter-subjective agreement attained, and conducting member checks. Accounts are permanently preserved at the Brigham Young University Harold B. Lee Library Special Collections Archives.¹⁸

FINDINGS

The 11 study participants included 10 Navy Nurse Corps personnel and a member of the Air Force Nurse Corps—3 men and 8 women. Five participants had worked as civilian nurses before joining the military. Ages ranged from 21–47 years with a mean of 34 years. Participants had clinical experience in emergency rooms, intensive care units, Force Service Support Groups (FSSG), Fleet Surgical Teams (FST), hospital units, hospital ships, and as flight nurses. Care was provided for active duty troops, reserve personnel, wounded coalition troops, civilians, and enemy combatants.

The overarching theme “*It’s what we’re here for,*” demonstrated that nurses as expert clinicians ably assessed difficult situations and intuitively responded with courage and caring. Other major themes were: (1) “learning lessons from wartime nursing experiences,” including giving humanitarian service, dealing with supply issues, acting as a prepared cohesive unit, dealing with issues related to patient disposition, and caring for non-combatants; (2) “sacrificing and serving,” including issues such as physical safety, experiencing personal and professional changes, and experiencing changes with significant others; and (3) “caring for others”—the best and finest part. Caring included caring for patients, supporting other members of the health care team, caring about one’s country and, in turn, feeling cared for by citizens.

Learning Lessons from Wartime Nursing Experiences

Some nurses described a sense of being “called,” a sense of duty and obligation as a professional. Study participants felt the military offered a wide variety of clinical experiences and opportunities to grow both personally and professionally.

Giving humanitarian service. Nurses made important observations about their opportunities to perform service:

There are a lot of things we do to try to win the war on terrorism, like medical humanitarian missions. The civil affairs team [rebuilt] schools, wells, and roads. There was a big push to do these things to win the hearts and minds of countries at risk for having an insertion of Al Qaeda. You were contributing to that mission by participating in humanitarian work.

Once people saw how compassionate we were, it was unbelievable how fast the word would go out. We quadrupled the amount of people the first day. That’s the only way to change people’s mind about what type of person or culture we are.

Dealing with supply issues. Supply issues related to effectively and efficiently treating the sick and injured. Supplies were usually sufficient but could become disorganized and difficult to manage. Health care teams were concerned that they would not have adequate time

and supplies to provide quality patient care. Nurses became very creative:

We needed an overhead trapeze. I had my nursing fundamentals book with a picture of a trapeze. I showed it to a Seabee. He made a special bed with a trapeze on it for an amputee.

Discarded materials were creatively used to build storage spaces and improve the lives of patients, nurses, and medical personnel. Water damage, including flooding during the rainy season, breakage of water and sewage pipes, and severe condensation on plastic tent and floor sheeting when air-conditioned tent interiors were exposed to hot outside air, was a common problem. Scrap wood and boxes were used to keep supplies off the ground and out of the water.

Perhaps the most dramatic issue related to the supply section was the danger in which supply personnel sometimes found themselves. One study participant said, "The supply guys were attacked. The [enemy forces] would be putting up white flags, getting close enough, and shooting the supply personnel."

Acting as a prepared and cohesive unit. In the Gulf, battlefield-related and other types of injuries necessitated acting as a prepared and cohesive unit. One study participant shared:

We were very busy with broken bones, twisted ankles, lacerations, deaths from suicide, which weren't pretty. We had Humvee rollovers [with no] seatbelts. People did wear their flaks and Kevlars occasionally. We had construction site injuries; deep lacerations, skin evulsions and getting rings caught, degloving injuries. That was before the war actually started.

We had patients who needed limbs [re-attached] put back on, facial, chest, abdominal injuries from truck accidents, crushing injuries from vehicles colliding, head traumas like shots in the head, people who fell from helicopters, and a lot of vehicle collision injuries.

The environment provided risks for exposure to new illnesses and injuries: "We saw acute respiratory infections and a lot of diarrhea, nausea, vomiting—[basically], 'I'm in a brand new country and I'm going to catch every germ that happens to be going around' type diseases." Another nurse noted that many conditions commonly seen in clinical practice were seen on the battle front, "We saw the things you see everywhere. People actually have normal health problems when they're at war."

Participants stressed the importance of cohesion and preparation among unit members before receiving casualties:

One of the most important lessons learned was that preparation is paramount to success. We had mass casualty drills every other day before the

war started, which built our teamwork, knowledge of where the supplies were, what to do with the injuries that came in, and what to look for in various injuries. We went over anything we might see—even chemical and biological—to make sure we worked out every anticipated bug.

We wound up increasing missions because they had such capable medical resources available. They were doing missions they wouldn't normally do because they didn't have that kind of access in the past.

Experienced clinicians knew the importance of effective communication, thorough assessment, and evidence-based decision-making. Study participants noted that having technology in the combat theater made it possible to assess and treat patients in the field instead of spending valuable time and resources evacuating patients for evaluation and treatment.

Dealing with issues related to patient disposition.

Study participants expressed concern about the lack of knowledge about patient outcomes. If patient care took place on the ground, patients could be returned to duty or evacuated to military hospitals in Europe or the US. If patient care took place on hospital ships, it was difficult to move patients. Air transport was organized by the Air Force. A great deal of physical and emotional energy is expended in caring for patients, especially those in trauma situations.

All of the nurses had such ownership that none of us would leave if there was a casualty. All of us slept in the sick call tent so that we would be right next to the admitting area if a Humvee with casualties drove up. We were very selfless when it came to that because it's "what we're here for" and forget about trying to sleep or eat. We're here for the guys.

Caring for noncombatants. Not all war casualties occurred on the battlefield. One staff nurse recounted the poignant experience of providing care in a stateside military facility:

Our work began when 3 recruits were transferred to ICU after pneumonia [escalated to] empyema and pleural effusion. The laboratory and radiology departments received 2 weeks' work in 4 days.

I was going off shift when we admitted forty 18–20 year old young men with pneumonia that night to our floor. I stayed until midnight. We processed physician orders for 40 new admissions. The 6 phones available were just enough to coordinate services with the various hospital departments.

Sunday morning a recruit died from complications of pneumonia. Staff had worked relentlessly, doing everything possible to save him. The nurses grew solemn. A young, strong, capable, healthy servant of our country lay motionless. He never made it to the battlefield, never fought the enemy. His parents were no doubt proud that he had

volunteered to serve his country. I don't know his name. Probably never will. Like the many hundreds of thousands that gave their lives down through the centuries for our country, this young recruit stands as a testimony to the Savior's teaching, "No greater love hath no man than this, that a man lay down his life for his friends."

I've been with many people near death, stood close as others left this world. On many occasions death is a relief from the pains and struggles of years of disease. This case was different. He had been struggling to create his dreams and live his passions and was stopped short. He had given his life for us.

Sacrificing and Serving

Wartime accounts demonstrate numerous sacrifices made while providing health care to military forces. Nurses did not speak of their experiences as "sacrifices," but rather said, "*It's what I'm here for.*" These included sacrifices of physical safety, relationships, personal change, and change in relationships with significant others.

Sacrificing physical safety. Participants described situations in which they felt their physical safety was threatened. "We flew into Kuwait in darkness. It was very scary. The plane was dark and we literally made a blind landing. The word was there were potential snipers that could take shots at the airplane, so everything had to be dark. We got there in February, but there were no bases, just a berm—a 10-foot sand pile all the way around to protect you. There were no eating facilities or bathrooms. We were just dropped off in this area. I remember getting on a bus and not recognizing anyone around me. I got on the wrong bus. It took me 12 hours to get back with my group. That was pretty scary. I had 2 full 40-pound sea bags and a carryon bag. I kept thinking, I am never going to get through this. What a great start."

We had some incoming scud missiles. We went through the scud alerts. I worked night shift during the first 2 days of the war and 2 hours of continuous sleep was a lot. I'm not complaining. We certainly had it better than the folks crossing the border and heading north. I got to the point where I just slept in my chemical-biological gear without the mask. Every 2 hours we would hit the bunkers and sit there, then go back and go to sleep. On one of our last scud alerts, our patriot battery engaged a missile just a mile away. I didn't realize how close it was. We didn't know it was on base. I watched the local news and they said, "Army headquarters in Kuwait almost gets attacked." I'm looking at the news and they're showing the command room and I'm going, "That's me."

We arrived in Bahrain at night. When we got [there] everyone on the ground seemed to be in hysteria wondering why we were in uniform. All the military and civilian contractors there were in

civilian gear. It was sort of saying, "You know you're at risk and that you shouldn't be flashing yourself around here." I remember driving through Bahrain. We were still in our uniforms. Cars were stopping and people were taking photos of us. Some older members of our group who had been deployed before felt really uncomfortable. I, not knowing any better, didn't realize that it could have been a real threat to us.

Experiencing personal and professional change.

War changes people as individuals who sacrifice what and who they are. Participants described a struggle to adjust to life at home but also described a strengthening of family relationships:

When I got back I did not want to share anything. If somebody wasn't there, they couldn't understand it. The intelligence briefing beforehand was about how you might get shot and how you have to strap on all your chemical gear when you land in the desert. That was enough to scare the crap out of us. You don't talk a lot about that stuff. We went through about a month where everybody in our squadron didn't really say anything until one person said, "Are you having any difficulties now that we're back?" It turns out that everybody is having some difficulty.

When I came back, I appreciated my life a lot more [but] I had sensory overload. I couldn't go to the grocery store because I had too many choices. A lot of my friends all said the same thing. They hated being in stores because it was too much. Even going to the movie theater was loud.

I sat down to eat lunch with my son at his school and I kept looking for the rats on the floor. I kept looking for a place to put my weapon. I would go to the bathroom and you have to hang up your weapon somewhere and you have to have it when you leave. They told me if I lost it then I would go to jail. I no longer had it anymore.

Participants found some changes positive. Many found they had become stronger. Participants acquired and strengthened or improved organizational and leadership skills:

Despite what our media here in the United States says, I was there and I know what it was like. Those people were very grateful that we came to help. I will never forget it. It changed my life and put things into perspective for me. I made lots of hard decisions about my life, but I finally, for the first time, feel a sense of peace. I really do value the experience that I had and I wouldn't give it up for the world. Even though it was extremely difficult and I didn't shower or have a toilet for 3 months, I wouldn't trade that snippet of my life for anything.

Going into the military, being in charge of a crew, being a responsible coordinator and making sure

everything is okay is something they really can't teach you. You learn the principles and then it's up to you to figure out how to apply them.

Separation from significant others often produced the sacrifice of personal relationships. The larger *Nurses at War* study reports that separation and divorce were common. Generally, the participants of this specific study found family members were supportive, and most relationships survived the separation:

Sleeping in the same bed as my husband was very nice. Seeing the kids again, I don't think I quit smiling for a week. The kids were so much more obedient than when I left. It was as if I was a stranger. They got over that though. The relationship with my husband had changed a little bit, so now we're actually closer than ever. But it took a little while to get here because we did kind of grow apart. I was away for 8 months.

Issues did come up with my family that made it a little harder to put them in a safe and secure spot in my mind. On a previous deployment we had access to phones and calling cards. We did have the ability to talk. It was nice in a way and kind of a bummer in another way because I could find out details about how things were back home. Sometimes, when you don't know what's going on, it's better.

Participants were grateful for telephone access and for those who made it available. Of course, when there was a charge for the use of the phones, access was limited by each individual's means. Phones were not readily available in previous wars.

Caring – The Best and Finest Part

Caring and providing care is what nurses do. It is their profession, their daily work, their passion and their personality. The participants in this study cared about their peers, their country, and their patients.

Caring for other members of the health care team. Participants spoke of the importance of unit cohesiveness in providing the best possible patient care. They spoke of working very hard to achieve this goal. Each member of the health care team worked together to accomplish the physical labor of setting up camps and becoming proficient in patient care scenarios. One nurse noted a fellow nurse backed her up when local citizens threatened their physical safety:

Whenever we drove in convoy, people would reach into your vehicle and try to steal things. As they're reaching in you'd swat them, and that was your protection basically. We all had to carry guns. You always had your weapon strapped to your chest. I and the other flight nurse ended up back to back in the vehicle facing our respective window because these people were just converging on our vehicle and they were grabbing at anything that wasn't tied down. They popped the

back of the vehicle and started scrambling in. This whole time, I kept thinking, "Please don't let me have to pull this gun off my chest and start using it." The next thing I hear is the nurse who's got her back to me saying, "That guy over there has a knife." I looked around and this guy has lifted up his shirt to show that he's got this huge machete stuck down his pants. I'm like, "Oh my goodness, please, please just let us get through here." The traffic finally cleared. What seemed like an eternity was probably only about 10 minutes. We got back to the base and I remember that incredible adrenaline surge of thinking, "We made it. I'm glad we're here [at the base]. I will never do it again." But, I am so glad I had that experience because it was so incredible.

Another nurse commented, "*When you feel confident that you have the best trained people around you, you aren't as scared.*" This kind of support and camaraderie with one's peers and team mates forms a bond that lasts forever, and many of the participants commented that the friends they made during their wartime experiences were friendships that had lasted over time.

Caring about one's country. Participants in the San Diego study expressed a love for country and a desire to serve, saying, "America is great. It is the best place to live. I like helping people, especially when I was deployed and I got to see what our real jobs are during war time. I like being there for people and helping them get better." Four nurses specifically stated that they had volunteered to go to Iraq. All participants said they would go back again if the opportunity presented itself. They voiced their support for the role of the US in the Gulf conflicts:

The United States has always been the country that has helped. Maybe this will turn out to be a bad thing, but we've always valued life, and that's why we're involved there.

Feeling cared for by countrymen. Participants expressed the gratitude they had for American citizens who showed appreciation and support for the troops' efforts during the Gulf conflicts:

We would get messages from home saying, "We're so supportive . . . We love what you guys are doing for us . . . We're thinking about you guys." It added a lot of validation to what we were doing. When you hear people being so supportive and not believing in the negative media, then it makes what you're doing out there meaningful. The military contracted out some civilian flights to make the trip. The staff on the flight, the pilots and the flight attendants, were volunteers, people who wanted to be involved with transporting the troops. It was pretty amazing.

Not long after I got back I went out to dinner with friends. They were like, "With all this going on, you weren't deployed?" I responded, "Actually I

just got back.” They shook my hand and said, “Thank you.” There were a lot of people that thanked me. I’m so happy that I went. It was an experience of a lifetime.

I’m very supportive of what the president has decided is best. I didn’t think that I could be more patriotic. However, I have never seen such an outpouring of support for these people (the troops) as well as our staff. I cannot tell you how many letters I received from people all over the United States thanking us for what we were doing. We would forward unopened letters to all the people in our unit. They received clothing, toiletries, flags, pictures, calling cards, gift certificates, and cash. They got cookies and candies and care packages from all over the United States. [Large private business owners] were huge supporters. All these guys were outfitted if they could ambulate to the Navy Exchange with vouchers to purchase what they needed. A lot of those people didn’t have their sea bags or their backpacks or anything. They ended up with the clothes on their back because their stuff would get lost in the field or in the air craft. It was outstanding the way people back at home treated these people that were fighting for their country. Not at any time did I feel angry or upset with what we were doing. You think, “It can’t get any better than this. This is what America is about.”

Caring for patients. These nurses demonstrated a high level of commitment to quality patient care:

You quit being scared after a while. I got letters from elementary school children that asked about fear. When I wrote them back I said that the thing I was most afraid of is that there would be somebody who comes in who we couldn’t help. That was the truth. I wasn’t scared for myself anymore.

There were many comments about the desires of the troops to take care of each other, their unity and camaraderie, their desire and ability to function as family. Almost before injured troops could be diagnosed and treated, they would be asking how soon they could get back to their unit. One nurse reported:

Packages marked “To any sailor/soldier” were handled by the postmaster, which is really unique. The units that got the least amount of mail would receive the most of those packages.

There was a spiritual aspect to the care provided by the nurses in this project:

This whole experience had an impression on me that I’ll have my whole life. I’m a religious person. I think my experience made me appreciate more why we’re here, and that is to do good and help other people. It was pretty intense.

We were just enjoying our Easter Sunday. No casualties had been coming in for a few days, and all of a sudden we hear these huge explosions and shrapnel was flying everywhere ripping through our tents. Luckily not one person was injured, not even the Marines that were inside the ammo dump. They weren’t hurt. We were very lucky. I think God was looking down on us that day.

Even though our mission said that we would treat active duty and our mission was not to take care of kids, I have to tell you that if you could break through the security and get to us, we weren’t turning you away and we didn’t care.

Caring about patients is best demonstrated by stories told by study participants. The heart and soul of nursing are human encounters as nurses make a difference in the lives of others. Study participants described ethical dilemmas and moral distress faced when caring for enemy forces or civilian combatants. Some circumstances were heartbreaking for the nurses:

We had lots of patients from the Marines, especially 18–19 year olds. There were kids with no arms, legs, or eyes. I remember one kid that was sitting next to me. He came on the plane and took off his helmet and looked inside. I glanced over to see a picture of his little baby girl with his wife. That was enough to break my heart. He turned to me and said, “I just missed her first birthday.” That was hard because all of a sudden they became human. They became real. They weren’t just patients. They weren’t just the belly wound or the burn. They were people and they had families just like us.

They had been eating MREs forever, months and months. Weekly we would donate between five and ten dollars and go to the commissary and buy hot dogs, cookies, and French fries. These guys must have thought they had died and gone to heaven because they had not had real food in so long. It was the coolest thing. We would hang a huge American flag inside the air craft. When the patients saw that, they knew they were going to get some food.

DISCUSSION

Participants have courageously shared personal events and feelings. These narratives demonstrate that there are commonalities in their perceptions of their experiences. Thousands of nurses have sacrificed much for the cause of freedom. Their mission is an often unheralded task of caring for the sick and dying, making the best out of the worst of conditions and quietly sharing the heavy burdens of those whose lives have been shattered by the horrors of war. The meaning of such profound life experiences are embedded in stories told by nurses. They engaged in improvisation as they creatively and ingenuously cared for patients as described by Hanley and Ferron.¹⁹ Burke and

associates write about turning a team of experts into an expert military health care team.²⁰ These nurses participated in the generation of health care teams that provided quality care to military personnel.

Rich narrative data give voice to the personal and professional wartime experiences of courageous women and men. All the themes discussed by participants of this study are also found in common with nurses from other wartime conflicts as documented in nursing and military literature as well as in unpublished accounts contributed to the *Nurses at War Project*.²¹ Nurses do whatever is necessary to accomplish their mission. The over-riding theme of this work, “*It’s what we’re here for,*” is also congruent with the conclusions of LeVasseur who, after analyzing oral histories of military nurses who served in Vietnam, concluded, “an authentic professional identity is often forged during the hardships and heroic opportunities of war.”²⁴ Similarly, Ruff’s entire account of her time as a Navy Nurse anesthetist in Iraq during Desert Shield/Storm described taking necessary measures to personally survive and to care for patients.⁹ In other literature, hardiness served as a buffer to psychological health during deployment.^{19–22}

Sacrifice was another important theme for the participants in this work. These nurses sacrificed physical safety, time, and relationships. They described personal and professional changes that had taken place related to their wartime experiences. Nurses from every war that have contributed accounts to this project document the changes that have taken place in themselves, either strengthening them or producing a loss of self. The spiritual dimensions of caring for patients and for each other as military personnel has been documented as being similar to caring for family.²³ Chinn purports that being “called to come is a willingness to be in a significant relationship, to be responsive to others, to be in spirit together.”²⁴ Nurses described the importance of support systems during very stressful times in their lives. Sustaining self and others is embedded in being a nurse.²⁵

These nurses demonstrated the importance of being engaged in meaningful professional contributions and showed hardiness in the face of difficult life circumstances. These nurses cared deeply and sustained themselves by creating meaning as they moved beyond the known to the unknown.²⁵ These nurses chose to be involved in a military conflict, supporting those who fight. The participants spoke of caring about colleagues, patients, and their country. Caring has always been the real reason for nurses serving in the military. Writing about the legacy of wartime nursing, Naardi states:

Nurses have done remarkable things throughout history . . . [Nurses] do something with caring. We turn our caring into action. We use it to succor, calm, ease, protect, and heal . . . [Nurses] risk trauma to nurse traumatized individuals and

. . . daily transcend their own fears to safeguard the lives and well being of others.²⁶

Having the opportunity to articulate their experiences with interested investigators was helpful to study participants and served to validate their perceptions, increase self-awareness, and create meaning from their wartime experiences. Barger, who documented the coping behaviors of World War II flight nurses, noted that her study participants also found participating in the study beneficial.¹ While she did not study military nurses, Hall (Impact of storytelling on burnout and nurse expertise, unpublished data, 1993), after interviewing nurses working on burn units, concluded that sharing their stories became a means of coping and maintaining the ability to continue to function in emotionally charged professional situations.

Continued collection, archiving, and analyzing the accounts of nurses who served during periods of conflict is recommended. The importance of storytelling in nursing has been described by Bartel: “Storytelling is a mode of self-knowledge that is characterized by intimacy and distance. Our stories are intimate in that they are personal accounts that illuminate our individuality. They also provide us with distance by allowing us to step back and put our personal life events into perspective.”²⁷ According to Milton,²⁸ stories by nurses explore the “could be, what might be, the what ifs of human living.” Memorable legacies are documented in the stories of nurses.^{29–31} When memories are shared, they become part of the wider experiences of nurses and have powerful implications for clinical practice. This study emphasizes the importance of sharing the powerful stories of nurses.

The *Nurses at War* San Diego project has encouraged nurses to share their wartime experiences. These experiences may prove helpful in preparing others to participate in a wartime situation. Preparation of nurses to function in a wartime situation was not a major theme of this article. In today’s world, however, nurses are more frequently mobilized to military theaters of operation than ever before. Some observations on the part of the authors, resulting from this study and the *Nurses at War* project, include the following:

1. Only nurses who are highly committed to their country and patient care should join the military nurse corps. Viewing this type of nursing as simply a “job” or a means of income will not be enough to sustain the nurse through the difficult situations with which they may be faced.
2. Nurses should become part of the military organization with the understanding that today’s world is replete with wartime and humanitarian crisis situations which may require the attendance of US military forces. Participating may not be a matter of choice for nurse corps members. They should un-

derstand that they may be deployed if they are part of an armed forces nurse corps.

3. Well-educated nurses must be part of the military nurse corps. Education involving a thorough understanding of principles of pathophysiology, clinical application, and management skills is the key to flexibility, creativity, and management of patients in intensive health crises.
4. Physical and psychological preparation of immediate and extended families, friends, and professional colleagues is key in maintaining essential support for the deployed nurse. Anticipating and preparing for the issues of child care, care of parents, husband/wife role reversal, home maintenance, estate planning, long absences, and returning home after the experiences of deployment provide opportunities for families to communicate, plan, grow closer, and support each other during times of deployment.

The *Nurses at War* project is an ongoing effort. The project's administrators wish to collect additional accounts of nurses who have served during any wartime period, including nurses who have served in

the military of countries outside the US, nurses who were members of the Cadet Nurse Corps or nurses who may have worked as nurses in the Japanese internment camps during World War II. Efforts have also begun to collect the accounts of physicians who have served during wartime periods. Accounts may be contributed by the families or friends of deceased nurses or physicians. To contribute an account, contact Patricia Rushton, RN, PhD, Associate Professor, Brigham Young University College of Nursing, at Patricia_Rushton@byu.edu or by calling 801-422-5375.

The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of the Navy, Department of Defense, nor the United States Government. The study has been approved by the IRBs of NMCS (CIP#) and Brigham Young University (CID#).

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